

**TAB A TO APPENDIX 4 TO ANNEX A
Incident/Situation Report**

Oklahoma County Emergency Management INCIDENT REPORT					
Type Incident:			Incident date:		
Incident Location:					
Jurisdiction:			Time original call dispatched:		
Time EM notified:			Time/date EM completed:		
NOTIFIED:	Time Notified	Time On Scene	NOTIFIED:	Time Notified	Time On Scene
Commissioner(s) District 1 District 2 District 3			Utilities: Natural Gas line		
			Electric lines		
			Water lines		
			Pipeline		
Sheriff			Other		
District Hwy(s) District 1 District 2 District 3			Corp. Commission		
			Other:		
ODCEM					
PIO					
OCEM mobile CP					
OCEM rescue boat					
Red Cross					
Human Services					
EPA					
DEQ					
City/Co. Health					
OK Co. Health/Env.					
Military					
School Personnel:					
Buses					
Administration					

Functions performed:	S/U	Health and Medical	
Alert Notification		Individual/Family Assistance	
Communications		Public Safety	
Coordination & Control (IC)		Public Works	
EOC/Alternate EOC Operations		Resource Management	
Mutual Aid Coordination		Warning:	
Public Information		Other:	
Damage Assessment			

OCEM Staff assigned:	In	Out			
OCEM Volunteers	In	Out			

Details of incident: